


**FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA**
MONTHLY & WEEKLY

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1


 20160822000302090 1/3 \$.00
 Shelby Cnty Judge of Probate, AL
 08/22/2016 12:28:11 PM FILED/CERT

Please Print in Ink or Type.

Name of Candidate or Elected Official <i>Tony Picklesimer</i>		Political Party/Ballot Affiliation	
Office Sought or Held (include district or circuit number, if applicable) <i>Mayor - Chelsea</i>			
Address ☐ Check box if reporting new address <i>108 Lake Chelsea Drive</i>			
City <i>Chelsea</i>	State <i>AL</i>	ZIP Code <i>35043</i>	Telephone Number <i>[REDACTED]</i>

Type of Report (check one)

- ☐ Monthly ☐ Amended Monthly
☒ Weekly ☐ Amended Weekly

 For Monthly Reports
 Month in which the report is filed.

8-19-16

 For Weekly Reports
 Date of Friday in the week in which the report is filed.

Total Number of Pages in Report

Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)		1	<i>5248.10</i>
Cash Contributions				
2a	Itemized cash contributions (total from Form 2)	2a	<i>2000.00</i>	
2b	Non-itemized cash contributions	2b		
2c	Total cash contributions (add lines 2a and 2b)	2c	<i>2000.00</i>	
In-Kind Contributions				
3a	Itemized in-kind contributions (total from Form 3)	3a		
3b	Non-itemized in-kind contributions	3b		
3c	Total in-kind contributions (add lines 3a and 3b)	3c		
Receipts from Other Sources				
4a	Itemized Receipts from Other Sources (total from Form 4)	4a		
4b	Non-itemized Receipts from Other Sources	4b		
4c	Total receipts from other sources (add lines 4a and 4b)	4c		
Expenditures				
5a	Itemized expenditures (total from Form 5)	5a	<i>3000.00</i>	
5b	Non-itemized expenditures	5b		
5c	Total expenditures (add lines 5a and 5b)	5c	<i>3000.00</i>	
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	6	<i>4248.10</i>	

Candidates for State Office: File this report with the Office of the Secretary of State.

Candidates for County or Municipal Office: File this report with the Judge of Probate of the county in which the office is sought.

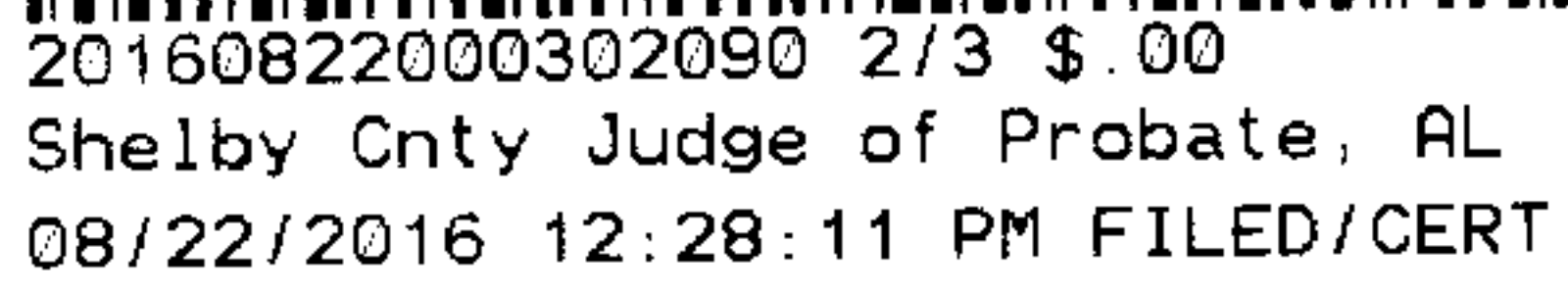
As required by the Alabama Fair Campaign Practices Act, I hereby swear or affirm to the best of my knowledge and belief that the attached report(s) and the information contained herein are true and correct and that this information is a full and complete statement of all contributions, expenditures, and other required information during the applicable period of time.

[Signature] *8-22-16*
 Signature of Candidate or Elected Official Date

Sworn to and subscribed before me this *22* day of *August* of the year *2016*. My commission expires the *22* day of *April* of the year *2018*.

[Signature]
 Signature of Notary Public

Diane A Thomas
 Print Notary's Name



FORM 5: Expenditures by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL:

[illegible]

FORM 2: Contributions received by candidate or elected official



When total contributions from a single source exceed \$100.00, the FCPA requires all contributions from that source to be itemized. DO NOT LIST in-kind contributions or loans on this form. Use Forms 3 and 4 for those listings.

[illegible]